

FOLLOW UP INSTRUCTIONS

Emergency Department

When: 10/23/2030

Reason: Return for your final rabies shot. Return sooner if your symptoms worsen.

PRESCRIPTIONS

Motrin 800 mg Oral Tablet

Take 1 tablet by ORAL route every 8 hours As needed; Quantity: 30 tablet

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

Ultrasound

Other

Ice Pack

DOG BITE

If a dog has bitten you and the wound is deep enough to break the skin, an infection may occur. Therefore, you should watch for the warning signs listed below. The doctor may not close the wound completely. This is to allow fluid to drain in the event of an infection.

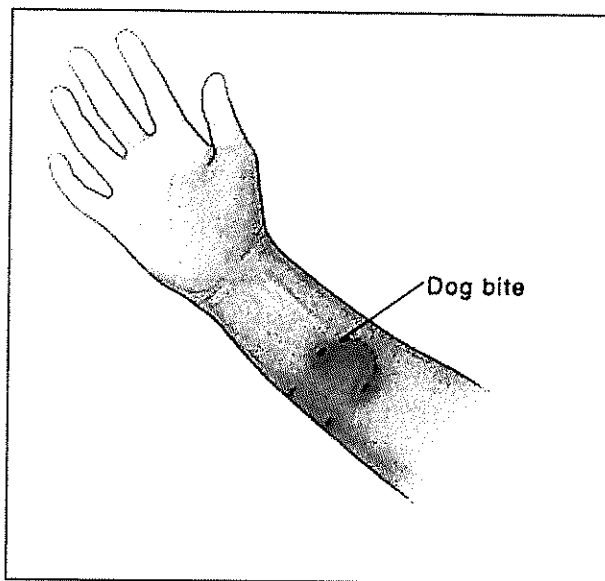
HOME CARE

- Watch the wound for signs of infection listed below.
- In certain types of bites, antibiotics may be prescribed. Begin taking these as soon as possible, as directed until they are all gone.

Rabies Prevention

If you live in an area where rabies occurs in wild animals, the rabies virus can be passed to cats and dogs. An infected animal can pass the rabies virus to you during a bite.

- If a healthy-looking pet dog has bitten you, it should be kept in a secure area for the next 10 days to watch for signs of illness. If the pet owner won't cooperate with you, contact the county animal control department (or local law enforcement). If the animal becomes ill or dies within 10 days, contact your animal control department at once. The animal must be tested for rabies. If the animal stays healthy for the next 10 days, then there is no danger of rabies in the dog or you.
- Pets fully vaccinated against rabies (2 shots) are at very low risk for the infection. However, because human rabies is almost always fatal, any biting dog should be kept in confinement for 10 days as an extra precaution.
- If a stray dog bit you, contact the animal control department. They can provide information on capture, quarantine, and animal rabies testing.
- If you are unable to locate the animal that bit you in the next 2 days, and if rabies exists in your region, you must be evaluated for the rabies vaccine series. Contact your doctor or return here promptly.
- All animal bites should be reported to the county animal control department. If you were not given a form to fill out, you can report it yourself by calling.



FOLLOW UP with your doctor as advised. Most skin wounds heal within 10 days. However, an infection may occur even with proper treatment. Check your wound every 6 hours for 2 days, then at least once a day for the next two days for the signs of infection listed below.

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Signs of infection:
 - Spreading redness
 - Increased pain or swelling

- o Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- o Colored fluid or pus draining from the wound
- Headache, confusion, strange behavior, or a seizure (signs of a rabies infection)

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CONTUSION, SOFT TISSUE

You have a CONTUSION, which is a bruise with swelling and some bleeding under the skin. There are no broken bones. This injury takes a few days to a few weeks to heal.

HOME CARE:

- 1) Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.
- 2) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every 1-2 hours the first day. Continue this 3-4 times a day until the pain and swelling goes away.
- 3) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your doctor or this facility if you are not improving within the next THREE days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Pain or swelling increases
- Injured arm or leg becomes cold, blue, numb or tingly
- Redness, warmth or drainage from the skin

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IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

IBUPROFEN - ORAL

(eye-byou-PRO-fen)

COMMON BRAND NAME(S): Advil, Motrin, Nuprin

WARNING: Nonsteroidal anti-inflammatory drugs (including ibuprofen) may rarely increase the risk for a heart attack or stroke. The risk may be greater if you have heart disease or increased risk for heart disease (for example, due to smoking, family history of heart disease, or conditions such as high blood pressure or diabetes), or with longer use. This drug should not be taken right before or after heart bypass surgery (CABG).

This drug may infrequently cause serious (rarely fatal) bleeding from the stomach or intestines. This effect can occur without warning at any time while taking this drug. Older adults may be at higher risk for this effect.

Stop taking ibuprofen and get medical help right away if you notice any of these rare but serious side effects: black/tarry stools, persistent stomach/abdominal pain, vomit that looks like coffee grounds, chest/jaw/left arm pain, shortness of breath, unusual sweating, confusion, weakness on one side of the body, slurred speech, sudden vision changes.

Talk to your doctor or pharmacist about the benefits and risks of taking this drug.

USES: Ibuprofen is used to relieve pain from various conditions such as headache, dental pain, menstrual cramps, muscle aches, or arthritis. It is also used to reduce fever and to relieve minor aches and pain due to the common cold or flu. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). It works by blocking your body's production of certain natural substances that cause inflammation. This effect helps to decrease swelling, pain, or fever.

If you are treating a chronic condition such as arthritis, ask your doctor about non-drug treatments and/or using other medications to treat your pain. See also Warning section.

Check the ingredients on the label even if you have used the product before. The manufacturer may have changed the ingredients. Also, products with similar names may contain different ingredients meant for different purposes. Taking the wrong product could harm you.

HOW TO USE: If you are taking the over-the-counter product, read all directions on the product package before taking this medication. If your doctor has prescribed this medication, read the Medication Guide provided by your pharmacist before you start taking ibuprofen and each time you get a refill. If you have any questions, ask your doctor or pharmacist.

Take this medication by mouth, usually every 4 to 6 hours with a full glass of water (8 ounces/240 milliliters) unless your doctor directs you otherwise. Do not lie down for at least 10 minutes after taking this drug. If you have stomach upset while taking this medication, take it with food, milk, or an antacid.

The dosage is based on your medical condition and response to treatment. To reduce your risk of stomach bleeding and other side effects, take this medication at the lowest effective dose for the shortest possible time. Do not increase your dose or take this drug more often than directed by your doctor or the package label. For ongoing conditions such as arthritis, continue taking this medication as directed by your doctor.

When ibuprofen is used by children, the dose is based on the child's weight. Read the package directions to find the proper dose for your child's weight. Consult the pharmacist or doctor if you have questions or if you need help choosing a nonprescription product.

For certain conditions (such as arthritis), it may take up to two weeks of taking this drug regularly until you

get the full benefit.

If you are taking this drug "as needed" (not on a regular schedule), remember that pain medications work best if they are used as the first signs of pain occur. If you wait until the pain has worsened, the medication may not work as well.

If your condition persists or worsens, or if you think you may have a serious medical problem, get medical help right away. If you are using the nonprescription product to treat yourself or a child for fever or pain, consult the doctor right away if fever worsens or lasts more than 3 days, or if pain worsens or lasts more than 10 days.

SIDE EFFECTS: See also Warning section.

Upset stomach, nausea, vomiting, headache, diarrhea, constipation, dizziness, or drowsiness may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

If your doctor has prescribed this medication, remember that he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

Tell your doctor right away if you have any serious side effects, including: easy bruising/bleeding, hearing changes (such as ringing in the ears), mental/mood changes, swelling of the ankles/feet/hands, sudden/unexplained weight gain, unexplained stiff neck, change in amount of urine, vision changes, unusual tiredness.

This drug may rarely cause serious (possibly fatal) liver disease. Get medical help right away if you have any symptoms of liver damage, including: dark urine, persistent nausea/vomiting/loss of appetite, stomach/abdominal pain, yellowing eyes/skin.

A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist.

In the US -

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS: Before taking ibuprofen, tell your doctor or pharmacist if you are allergic to it; or to aspirin or other NSAIDs (such as naproxen, celecoxib); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details.

Before taking this medication, tell your doctor or pharmacist your medical history, especially of: asthma (including a history of worsening breathing after taking aspirin or other NSAIDs), blood disorders (such as anemia, bleeding/clotting problems), growths in the nose (nasal polyps), heart disease (such as congestive heart failure, previous heart attack), high blood pressure, kidney disease, liver disease, severe loss of body water (dehydration), stroke, throat/stomach/intestinal problems (such as bleeding, heartburn, ulcers).

This drug may make you dizzy or drowsy. Do not drive, use machinery, or do any activity that requires alertness until you are sure you can perform such activities safely. Limit alcoholic beverages.

This medicine may cause stomach bleeding. Daily use of alcohol and tobacco, especially when combined with this medicine, may increase your risk for stomach bleeding. Limit alcohol and stop smoking. Consult your doctor or pharmacist for more information.

This medication may make you more sensitive to the sun. Avoid prolonged sun exposure, tanning booths or sunlamps. Use a sunscreen and wear protective clothing when outdoors.

Before having surgery, tell your doctor or dentist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products).

Older adults may be more sensitive to the effects of this drug, especially stomach/intestinal bleeding.

Before using this medication, women of childbearing age should talk with their doctor(s) about the benefits and risks (such as miscarriage). Tell your doctor if you are pregnant or if you plan to become pregnant. During pregnancy, this medication should be used only when clearly needed. It is not recommended for use during the first and last trimesters of pregnancy due to possible harm to the unborn baby and interference with normal labor/delivery.

This medication passes into breast milk, but is unlikely to harm a nursing infant. Consult your doctor before breast-feeding.

DRUG INTERACTIONS: Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions. Keep a list of all the products you use (including prescription/nonprescription drugs and herbal products) and share it with your doctor and pharmacist. Do not start, stop, or change the dosage of any medicines without your doctor's approval.

Some products that may interact with this drug include: cidofovir, corticosteroids (such as prednisone), high blood pressure drugs (including ACE inhibitors such as captopril, lisinopril and angiotensin II receptor blockers such as losartan, valsartan).

This medication may increase the risk of bleeding when taken with other drugs that also may cause bleeding. Examples include anti-platelet drugs such as clopidogrel, "blood thinners" such as dabigatran/enoxaparin/warfarin, among others.

Check all prescription and nonprescription medicine labels carefully since many medications contain pain relievers/fever reducers (including aspirin, NSAIDs such as celecoxib, ketorolac, or naproxen). These drugs are similar to ibuprofen and may increase your risk of side effects if taken together. However, if your doctor has directed you to take low-dose aspirin for heart attack or stroke prevention (usually at dosages of 81-325 milligrams a day), you should continue taking the aspirin unless your doctor instructs you otherwise. Daily use of ibuprofen may decrease aspirin's ability to prevent heart attack/stroke. Talk to your doctor about using a different medication (such as acetaminophen) to treat pain/fever. If you must take ibuprofen, talk to your doctor about possibly taking immediate-release aspirin (not enteric-coated/EC) while taking ibuprofen. Take ibuprofen at least 8 hours before or at least 30 minutes after your aspirin dose. Do not increase your daily dose of aspirin or change the way you take aspirin/other medications without your doctor's approval.

OVERDOSE: If overdose is suspected, contact a poison control center or emergency room immediately. US residents can call the US National Poison Hotline at 1-800-222-1222. Canada residents can call a

provincial poison control center. Symptoms of overdose may include: severe stomach pain, trouble breathing, extreme drowsiness.

NOTES: If your doctor has prescribed this medication, do not share it with others.

Laboratory and/or medical tests may be performed periodically to monitor your progress or check for side effects. Consult your doctor for more details.

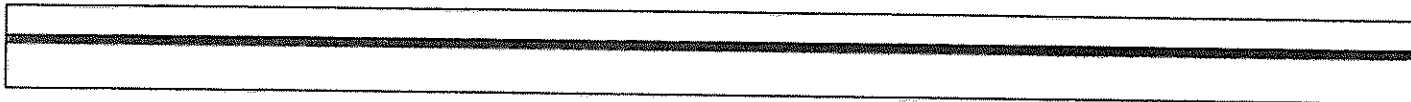
Keep all regular medical and laboratory appointments.

MISSED DOSE: If you are taking this drug on a regular schedule (not just "as needed") and you miss a dose, take it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE: Store at room temperature away from light and moisture. Do not store in the bathroom. Keep all medications away from children and pets.

Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company.

Information last revised July 2012. Copyright(c) 2012 First Databank, Inc.



Discharge Information

**Home Medication Form
Hahnemann University Hospital
Emergency Department**

Name: Anton Purisima
Age: 61 years **Gender:** Male
Physician: Samuels, Leonard

Visit Date: 10/17/13 07:36
MRN: 000959558

Thank you for visiting Hahnemann University Hospital. This form contains information about your medications. It is important that you read and understand this information.

Home Medication(s) recorded during this visit

Drug, Route & Dose	Frequency	Reason	Continue		
Amoxicillin-Pot Clavulanate Oral			Yes	No	PCP
Meclizine Oral			Yes	No	PCP

Medications you received during your visit:

Drug & Dose	Route	Rate	Duration	Given At
Tylenol 650 mg	Oral			10/17 09:05
RabAvert 1 mL ₁	IM			10/17 10:15

Prescriptions you received during your visit:

Drug & Dose	Route	Frequency	Reason	Next Dose
Motrin 1 tablet	Oral	every 8 hours		

Home Medications you should continue to take:

Drug, Route & Dose	Frequency	Reason
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Home Medications you should STOP taking:

Drug, Route & Dose	Frequency	Reason
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You should follow up with your primary care physician after discharge regarding continuation of these medications:

Drug, Route & Dose	Frequency	Reason
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Notes

You will need to see your MD to get refills.

PLEASE GIVE THIS FORM TO YOUR NEXT PROVIDER OF MEDICAL SERVICE (DOCTOR, CLINIC, HOME CARE, ETC.)

Signature:

Samuels, Leonard

EXHIBIT "TWO"
for: "P.I. Claim form"

&

EXHIBIT "SIXTEEN" A & B
for: COMPLAINT

* Copies of "Bus Transfer"
(Going to Queens and
coming back to
manhattan)

* w/ Descriptions & information

* Transfer given before &
after the dog-bite
incident on
OCT. 09, 2013

(TWO Q32 MTA Buses)

Please note:
Plaintiff hereby
incorporates this
exhibit to every
page in this
Action. ACP

ACP

10/09/13 05:11P Q32 S/W 4211

MAY BE USED ONLY BY PASSENGER TO WHOM ISSUED

Exceptions may apply subject to applicable tariffs and conditions of use.

I took this bus going back to Manhattan, NY

This transfer is valid only in the event of a malfunction, pay fare and note.

- On other bus routes
- Within two hours of issue (time of issue shown above)

Hope to go to

This transfer is not valid for:

- Date and time
- Bus route and direction
- Bus number
- Entry to subway
- Trip on same route transfer was issued (route shown above)

Exemption of Dog bite

Keep dry. Do not fold.

MetroCard Customer Claims
130 Livingston Street, Brooklyn, NY 11201-9825.
Call 511 or go to eFIX at mta.info

B-02-13-JHGF

10-09-13 05:11P Q32 S/W 4211

MAY BE USED ONLY BY PASSENGER TO WHOM ISSUED

Exceptions may apply subject to applicable tariffs and conditions of use.

10-09-13 05:11P Q32 N/E

This transfer is valid only in the event of a malfunction, pay fare and note.

- On other bus routes
- Within two hours of issue (time of issue shown above)

6903

This transfer is not valid for:

- Date and time
- Bus route and direction
- Bus number
- Entry to subway
- Trip on same route transfer was issued (route shown above)

5:53 @ 61st / Roosevelt @ 16:05

Call 511 or go to eFIX at mta.info

Keep dry. Do not fold.

MetroCard Customer Claims
130 Livingston Street, Brooklyn, NY 11201-9825.
Call 511 or go to eFIX at mta.info

B-02-13-JHGF

EX. 16-A



EX. 16-B

EXHIBIT "THREE"
for: "P.I. claim form"

§

EXHIBIT "SEVENTEEN"
for: COMPLAINT

* "MTA FORM" that was used as
("information sheet by MTA SUPERVISOR
Given to Plaintiff Anton Puzisina
on 10/09/2013
@ 61st Street / Roosevelt Ave.
Bus stop, Queens, N.Y.

ACP

Please note: Plaintiff hereby incorporates this Exhibit to
every page in this Action.

ACP



New York City Transit
Department of Buses

**NEW YORK CITY TRANSIT
DEPARTMENT of BUSES**

INFORMATION EXCHANGE

BUS INFORMATION:

DAY: _____ DATE: _____ TIME: _____ AM-PM

LOCATION: _____

BUS #: _____ LICENSE PLATE #: _____

BUS OPERATOR: _____

DRIVERS LICENSE #: _____ STATE: _____ EXP. DATE: _____

INSURANCE CODE: 994 MTA NYC TRANSIT is self insured as per NY State Law

OWNER: NEW YORK CITY TRANSIT 750 ZEREGA AVE - 2nd FLOOR BRONX, NEW YORK 10473	FOR INSURANCE INFORMATION-CONTACT NEW YORK CITY TRANSIT LEGAL DEPT. 130 LIVINGSTON STREET BROOKLYN, NEW YORK 11201 718-694-3950
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AUTOMOBILE INFORMATION:

DRIVER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ STATE: _____ EXP. DATE: _____

OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____

VIN #: _____ LICENSE PLATE #: _____ STATE: _____

INSURANCE CO.: _____ POLICY #: _____ CODE: _____

ACPUAISIMA@HOTMAIL.COM

Q-32
MTA BUS
N/E

STOP @ 61st / RSD
STATION
Police & AMBULANCE
came

got off @ LATINA LADY - 65-70
61st / Roosevelt
Owner of the puppy dog
that bit my right
hand
finger

OCT. 09, 2013
TIME 4
MTA BUS # 2

KITCHEN
RESTAURANT
4-26-
40 60
free
Delivery

EXHIBIT "EIGHTEEN"

- FACSIMILE: TO: Fax (212) 523-4956
* Letter from Anton Purissima, Patient @ ST. LUKES E.R. HOSP.
Dated: OCTOBER 14, 2013
Addressed to: MD AMY CAGGIOLA
* Plaintiff herein was seen on: 10/12/2013, 13:27
@ ST. LUKES E.R. Hospital

RE: medical record # 200004713603
TWO (2) SHOTS of Medication Given on
10/12/2013, during the scheduled Appointment.
BUT "NOT LISTED IN MEDICATION REPORT"
as well as "SEVERE - SIDE - EFFECTS"
to Plaintiff herein. Severe pain in his
body.

- * Plaintiff incorporates this document to every
page in this action and to support thereof.
ACP

Fax Cover Sheet

Date OCTOBER 21, 2013Number of pages 4 (including cover page)To: EMERGENCY ROOM
ST. LUKES EMERGENCY DEPT.
Name 1111 AMSTERDAM AVE., NY, NY 10025From: ANTON PURISIMAName ANTON PURISIMA, PATIENTCompany ST. LUKES HOSPITALCompany SELF
E-MAIL: ACPURISIMA@HOTMAIL.COM

Telephone _____

Fax (712) 523-4956Comments faxed Letter dated: OCT. 14, 2013 THREE pages
attached herewith. NEEDS YOUR RESPOND IMMEDIATELY !!
Please, this is an EMERGENCY. medical record # 206004-713603.
I am Hoping for your response through my E-MAIL ABOVE.

Fax - Local Send



Fax - Domestic Send



Fax - International Send

ACP

TRANSMISSION VERIFICATION REPORT

TIME : 10/14/2013 03:11
NAME : FEDEX OFFICE 0961
FAX : 646-366-9262
TEL : 16463669166
SER.# : 000L8J461357

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/14 03:10
12125234956
00:01:00
03
OK
STANDARD
ECM

*1st. fax service
page
is over attachment only (medication page only).*
ACP

TRANSMISSION VERIFICATION REPORT

TIME : 10/20/2013 22:49
NAME : ONE STOP
FAX : 201-858-3488
TEL :
SER.# : BROH6J520829

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/20 22:48
912125234956
00:00:50
04
OK
STANDARD
ECM

*2 nd. fax review
it with two pages
meds. page and the page with
hand-written note of date of
next appointment, that was
written by the nurse who
ME the SECOND-MEDICATION-SHOT
(INJECTION SHOT).
AC*

ANTON PURISIMA
390 9TH AVENUE,
NEW YORK, NY 10001
E-MAIL: ACPURISIMA@HOTMAIL.COM

OCTOBER 14, 2013

MD AMY CAGGIULA
E.R., ST. LUKES EMERGENCY DEPARTMENT
1111 AMSTERDAM AVENUE, NEW YORK, NY 10025
FAX: (212) 523-4956

RE: PATIENT ANTON PURISIMA
Medical Record # 200004713603
TWO(2) SHOTS OF MEDICATIONS GIVEN ON 10/17/13
BUT "NOT LISTED IN MEDICATION REPORT"
AS WELL AS "SEVERE-SIDE-EFFECTS"

Dear DOCTOR CAGGIULA:

I was given TWO(2) SHOTS OF MEDICATIONS
DURING MY SCHEDULED VISIT ON 10-12-2013, BY TWO(2)
NURSES after your visit or seeing me. The one
that worried me so much is on "Medication
Report," it says "NO MEDICATIONS GIVEN" and
"NO MEDICATIONS PRESCRIBED" as well as I am
AC/ having SYMPTOMS that I did ^{NOT} experience before in my
whole life. Swollen nerve and painful Right elbow
AC/ and left elbow but more painful my Right elbow as
well as strange pains in my body.
What medications did you give me (Two(2) SHOTS
by Two(2) nurses), Please e-mail as soon as
possible.

Page one of Two =

I am very much concern about my safety, especially I was bitten by puppy dog owned by "strange-owner" that run and refused to give information about the dog.

Additionally, Two chinese (man & woman) taking pictures of my person at the Corner going to E.R. Room on Oct. 12, 2013, before I went inside the Emergency Room.

I am attaching the "medication report" that was gives to me by the "second nurse" who gave me (the "second SHOT"), for you to review.

My Please respond as I am in (an "EMERGENCY")

Very truly yours,
Your Patient:

Antonio - 

ANTON PURISIMA

E-MAIL: ACPURISIMA@HOTMAIL.COM

Attached:
medication Report page

= Page Two of Two =

EmSTAT Report of Home Medications, Medications Given and Medications Prescribed

St. Lukes

1111 Amsterdam Avenue
NY, NY 10025

Emergency Department

212-523-3335

Name: Purisima, Anton

Sex: M

MR #: 200004713603

Account #: 000486015035

DOB: 15-Dec-1951

Age: 61

Weight:

Chief Complaint: Rabies Shot

Prim Diagnosis: Requires rabies vaccination course (V04.5)

ED Physician: CAGGIULA, AMY - Emergency Medicine

PCP: * YOUR PRIVATE PHYSICIAN/CLINIC

Our records indicate that at the time of discharge you are taking these medications.
Please share this list with the physician providing your follow-up care

Allergies:

NKDA

Home Medications

Recorded by AMY CAGGIULA, MD - 10/12/2013 13:27

Medication/Route/Dose/Frequency	Last Dose	Disposition	PCP Contacted
Meclizine oral		Continue	No
Comment: _____			
Ibuprofen oral		Continue	No
Comment: _____			
Tylenol oral		Continue	No
Comment: _____			
Amoxicillin-Pot Clavulanate oral		Continue	No
Comment: _____			

Medications Given in ED

No Medications Given

Medications Prescribed by ED Physician

No Medications Prescribed

Verified By: _____

PCP / EDMD (circle one)

Date/Time: _____

St. Lukes Emergency Department

1111 Amsterdam Avenue NY, NY 10025

212-523-3335

please continue your rabies course 10/16/2013 Wednesday

ANIMAL BITE, RABIES-PRONE:

You have been bitten by, or exposed to, an animal that carries a risk of spreading rabies.

Rabies is a deadly viral infection that causes fever, confusion, and death. Fortunately, it is very rare in the United States. Wild Animals accounted for 93% of reported cases of rabies in 2001. Raccoons continued to be the most frequently reported rabid wildlife species (37.2% of all animal cases during 2001), followed by skunks (30.7%), bats (17.2%), foxes (5.9%), and other wild animals, including rodents and lagomorphs (rabbits and hares) (0.7%). While uncommon, it can also be transmitted by dogs and cats.

Symptoms of rabies include pain or numbness at the bite site, headache, fever, nausea and vomiting, anxiety, agitation, confusion, and problems swallowing.

There is no effective treatment once rabies develops. People who are bitten by animals that can transmit rabies need to be vaccinated, according to the guidelines published by the Centers for Disease Control (CDC). This includes shots the day you sought treatment, as well as returning for vaccinations on days 3, 7, and 14 (which is 3 additional shots). Because untreated rabies is 100% fatal, it is extremely important that you return for the remaining shots. **YOU MUST COMPLETE ALL OF THE SHOTS IN ORDER TO BE PROTECTED FROM DEVELOPING RABIES!**

The shots that you received today are the first in a series of shots. You must complete the series in order to prevent the development of rabies. It is your responsibility to return for the scheduled series of shots in 3, 7, and 14 days from today. If you have a medical condition associated with a weakened immune system like HIV, you will require a 5th rabies shot 28 days from today in addition.

Keep your wound clean and dry. Wash it twice a day with soap and water. Apply an antibiotic cream (Neosporin or Polysporin) to the wound after you wash it. Cover it with a clean, dry bandage after each washing.

You have been started on antibiotics. Take them as directed. Even if your bite wound does not appear to be infected or clears before the antibiotics are gone, continue the prescription for the entire course. Watch your wound very closely for signs of worsening infection.

Wild animals should be captured and turned over to local health department authorities. **DO NOT** attempt to capture the animal yourself! Call your local Animal Control authorities. A test can be performed on the animal to determine if it is infected with the rabies virus.

Since the incubation period (time until symptoms develop) for rabies is long, if the animal is a dog or cat, it can be observed for abnormal behavior. If the animal is dead, they will have the animal's brain tested for the rabies virus.

Follow-up is **EXTREMELY IMPORTANT** for repeat vaccination 3, 7, and 14 days from today. Today is day 0, so day 3 is actually 4 days from today. For example if today is Monday day 3 is Thursday

St. Lukes Emergency Department

1111 Amsterdam Avenue NY, NY 10025

212-523-3335

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- Unusual redness or swelling.
- Red streaks starting up the arm or leg.
- Foul drainage or odor from the wound.
- Pain with movement of the extremity and / or swollen lymph glands (nodules found along the neck, groin and armpits).
- Fever, chills, increasing pain and / or swelling.

St. Lukes Emergency Department
1111 Amsterdam Avenue NY, NY 10025
212-523-3335

Information about the Financial Assistance Program is also available on our website:
www.wehealny.com <<http://www.wehealny.com>>

St. Lukes Emergency Department

1111 Amsterdam Avenue NY, NY 10025

212-523-3335

Take-Home Instructions for the Patient

Patient's Name: Purisima, Anton

Date: 10/12/13 13:27:29

Medical Record Number: 200004713603

Date of Service: 10/12/2013 12:59

Diagnosis: Requires rabies vaccination course (V04.5)

Emergency Attending Physician: MD AMY CAGGIULA

Emergency Resident Physician:

Emergency Physician's Assistant:

Emergency Primary Nurse: KRISTEN GONZALEZ, RN

Primary Care Provider: * YOUR PRIVATE PHYSICIAN/CLINIC - your MD

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit. For patients receiving imaging studies, (e.g. x-rays), please be advised that all study interpretations are preliminary and are followed by a review and final report. If there is a significant change in interpretation you will be notified.

Referral/Appointment:

Refer Patient To:: * YOUR PRIVATE PHYSICIAN/CLINIC

PMD/Clinic not in list: your MD

Follow-up in: as needed

Call to arrange an appointment *immediately*, to ensure you get an appointment for follow-up care within the indicated time frame. If for any reason the doctor you have been referred to cannot see you for a follow-up appointment, you can obtain additional referrals at 1-877-463-6362.

When you call for an appointment, say that you were referred from this Emergency Department.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE DOCTOR LISTED ABOVE

If you smoke, you are encouraged to quit in order to live longer, feel better, and heal faster. Quitting will lower your chance of heart attack, stroke, or cancer. The people you live with, especially children, will be healthier. Please contact the following numbers for additional information:

At St. Luke's: (212) 523-4410

At Roosevelt: (212) 523-6056

FINANCIAL ASSISTANCE

If you are uninsured and unable to pay your hospital bill, you may qualify for Financial Assistance. Please call 212-523-3900 and speak with a Financial Counselor for more information.